



Kentucky Board of Medical Licensure Newsletter

Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222

Spring, 2000

Danny M. Clark, M.D., President

Allegations of Sexual Misconduct

The Kentucky Board of Medical Licensure has had an increase in the number of complaints filed by patients who felt that physicians had conducted themselves improperly when examining patients of the opposite sex, and allegations of sexual misconduct have been made. Almost all of these involve circumstances in which the physician was alone with a patient. Allegations have ranged from inappropriate behavior by a physician during the performance of a pelvic examination to an inappropriate examination, and/or conversation with a minor in the presence of the minor's parent. Most of the time, it is very difficult to determine whether or not anything inappropriate really occurred, but the allegation of sexual misconduct, by itself, can certainly be damaging to even the most respectable physician. Both for your protection and the patient's protection the Board would urge you to offer a chaperone during any sensitive examination of a patient of the opposite sex, especially when pelvic and breast examinations are being done on women, and when genital and rectal exams are done on men. It may not be sufficient to have a member of the patient's family there, as it also is possible for them to misinterpret what is going on.

We would offer the following recommendations for your consideration:

- Every patient should be offered a chaperone during an exam, regardless of the physicians' gender. They should not have to ask for a chaperone.
- A chaperone should be used for every pelvic and breast examination. The physician should provide time either before or after the exam for the patient to speak to him or her privately.
- Family members should not be used as chaperones unless specifically requested by the patient. Even then the physician is probably best served by having a chaperone in the room.
- When using a chaperone, the physician must establish clear rules about respect for privacy and confidentiality.

If there are any questions about this, please contact the Board's office at the above address.

Patient Safety Task Force

Danny M. Clark, M.D., has been appointed to serve on the Kentucky Medical Association Patient Safety Task Force. This is a multi disciplinary group focusing on identifying medical system errors and offer suggestions for improvement. The task force was appointed as a result of a recent study released by the Institute of Medicine which indicated that a high number of adverse events occur each year in the health care system.

CME Audit for Cycle January 1, 1997 - December 31, 1999

The Board has just completed the 2000 renewal of physicians' licenses and will begin to audit a percentage of physicians chosen randomly from the renewal. These physicians will be required to provide proof of completion of the CME hours reported for the previous cycle (January 1, 1997 — December 31, 1999). Once a physician has been randomly chosen for the CME audit, he/she will receive a letter requesting proof be submitted of the hours stated on the 2000 renewal form. The Board does not require original documents; copies of certificates and forms are sufficient.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) *A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;*
- (b) *If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.*
- (c) *A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;*
- (d) *A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;*
- (e) *A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.*

Guidelines for Physician/ARNP Collaborative Agreements

As reported in earlier newsletters, recent amendments to the Nurse Practice Act now allow Advanced Registered Nurse Practitioners (ARNP's) to issue prescriptions for non-scheduled legend drugs. Before an ARNP engages in the prescribing of non-scheduled legend drugs, the ARNP is required to enter into a written collaborative practice agreement with a physician that defines the scope of the prescriptive authority.

The KBML has adopted the following guidelines regarding the physician's role in such collaborative agreements.

- The physician entering into a collaborative agreement must possess a full and unrestricted Kentucky medical license in good standing and shall have an active clinical practice in the state in which no less than twenty hours per week shall involve direct patient care.
- Agreements will be automatically terminated when disciplinary action is taken against the physician. When disciplinary action is taken the physician must notify the affected nurse(s) and the Kentucky Board of Nursing of the disciplinary action and the termination of the agreement.
- A physician may not enter into a collaborative agreement with more than two ARNP's at any given time. The collaborative agreement cannot exceed two years in length but may be renewed.
- The physician must practice in the same geographical area as the ARNP. The physician does not have to be present when the ARNP is providing services. However, there must be reliable means available to have direct communication with the physician at all times.
- The physician shall be trained and fully qualified in the field of the ARNP's specialty.
- The agreement must contain a formal arrangement for coverage to be utilized when the physician is not available in the same geographical area.
- The collaborative agreement shall be in writing, signed and dated by the physician and the ARNP.
- Any physician entering into a collaborative agreement shall notify the KBML in writing. The fully executed copy of the collaborative agreement shall be kept in the physician's office. Upon request, the physician will be required to provide a copy of the agreement to the Board.
- The Board may grant an exemption of any of the above guidelines based upon factors unique to a particular situation or relationship.

A physician is ultimately responsible for the ARNP with whom he/she has a collaborative agreement as it relates to prescribing drugs. It should also be pointed out that the physician is responsible for supervising *any* person he/she may employ.

2000 Annual Renewal of Physician Licenses

Annual renewal of physician licenses for the current year has just been completed. As of the end of March 8,444 in state physicians have registered, and 2,980 out of state physicians have registered their licenses. The following is a comparison of the previous two years.

License Renewal:	1999	2000
In State	8,308	8,472
Out of State	3,220	3,015
Total:	11,528	11,487

Final Disciplinary Actions

Dennis J. Adams, M.D., #25174, McCracken Co.

Agreed Order of Indefinite Restriction entered into 03-13-2000. License restricted for an indefinite period; physician may not engage in practice of medicine until approved by Panel. Required to maintain contractual relationship with Impaired Physicians Program (IPP), subject to biological fluid testing.

Joseph P. DiBeneditto, M.D., #26150, Warren Co.

Agreed Order of Indefinite Restriction entered into 01-19-2000. License restricted for an indefinite period; physician may not engage in practice of medicine until approved by Panel.

Michael E. Freeburger, M.D., #32754, Johnson Co.

Agreed Order of Surrender entered into 02-25-2000.

Peter W. Jannace, M.D., #28778, Jefferson Co.

Order Terminating Agreed Order issued 03-13-2000.

Sean M. Maguire, M.D., #28821, Cincinnati, OH

Agreed Order of Probation entered into 01-11-2000 placing license on probation for 5 yr. period. Terms and conditions include maintaining contractual relationship with IPP, no DEA permit without Panel approval, completion of continuing medical education in prescribing, random biological screening.

Gary L. McMillan, M.D., #17992, McCracken Co.

Agreed Order of Revocation, Probated, entered into 01-31-2000. License revoked with revocation stayed and license placed on probation for 5 yr. period with terms and conditions. These include maintaining contractual relationship with IPP, continuing therapy, subject to random biological screening, use of Antabuse.

Don R. Shegog, M.D., #23792, Owen Co.

Agreed Order of Probation entered into 01-11-2000. License placed on probation for 5 yrs. with terms and conditions. Must surrender DEA permit, may not prescribe, dispense or otherwise utilize controlled substances until approved to do so by Panel, must complete continuing medical education in prescribing.

Raymond L. Stalker, M.D., #24652, Fayette Co.

Agreed Order of Surrender entered into 03-01-2000.

Nikhil S. Parulekar, D.O., #02630, Whitley Co.

Second Amended Agreed Order of Probation entered into 03-07-2000. Physician granted license conditioned upon two year probationary period. Terms and conditions include no prescribing, dispensing or utilization of controlled substances without Panel approval, subject to biological fluid screens.

Ali Shamaeizadeh, M.D., #22802, Johnson Co.

Order of Revocation issued 03-07-2000.

Subhash A. Vyas, M.D., #20556, Pike Co.

Order Terminating Agreed Order issued 02-10-2000.

Paul J. Winkler, M.D., #15563, Daviess Co.

Order Terminating Agreed Order of Probation issued 02-22-2000.

The Board also took action against the following Paramedic and Physician Assistant:

Thomas K. Coleman, EMT-P, #1456P Jefferson Co.

Agreed Order of Surrender entered into 02-25-2000.

Robert E. Peppmeier, P.A.-C, Decatur City, IA

Order Denying Application for Certification issued 02-07-2000.

Request for Practice Address

The Board publishes the Kentucky Medical Directory each year after renewal of physician licenses. The directory contains the license number, name, practice address, phone number and specialty of each physician with a current license in the state. The data contained in the directory is the information provided from physician renewals each year. Many physicians did not provide the Board with a current practice address on their 2000 renewal form. In order to be assured that your information is listed correctly in the 2000 Medical Directory, the Board is requesting *all physicians* holding a current license to fill out the form provided in this newsletter and return to the Board at your earliest convenience.

Report Your Change of Address

KRS 311.586 requires you to immediately notify the Board when you change your mailing address. If you fail to file notification with this office, you may not receive important correspondence, including your annual renewal mailings and wallet card. ***In the future, your practice address will be used in the Kentucky Medical Directory.***

Kentucky Board of Medical Licensure Physician Mailing/Practice Address Update

(Please Print or Type Information)

Date: _____ KY License Number: _____

Name: _____
(last) (first) (middle)

Mailing Address:

Street: _____

City, State & Zip: _____

E-Mail Address: _____

Practice Address (This address will be published in the 2000 Kentucky Medical Directory):

Street: _____

City, State & Zip: _____

KY Practice County: _____

Office Telephone: () _____

Kentucky Board of Medical Licensure

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